On page 5, please amend the first paragraph thereon as follows:

A flexible endoscope with a working channel would be utilized to introduce a balloon and a laser delivery optical fiber to be inserted within the patient's esophagus. The endoscope would be pressed against the distal end of the balloon. The scope would be utilized to permit visualization and guidance of the balloon. Once within the desired location of the esophagus, the balloon would be inflated with a cooled fluid such as saline, water or a gas or the like, and the scope would be retracted to a position within the inflated balloon. The visualization scope and a laser fiber may be steered to the appropriate spot, and lasing would be permitted through the balloon wall. Air and or other fluid may be purged from the balloon by pumping in a saline fluid through the fiber-working channel and removing the air through an annulus around the scope sheath.

On pages 8 and 9, please amend the bridging paragraph therebetween, as follows:

The particular pathologic tissue is affected primarily by a particular laser light energy source. The vascular component of the tissue is to be targeted and ideally, the energy from that source should be specifically absorbed by the vasculature or its components. In one such preferred embodiment, such laser light energy may preferably comprise a laser vascular-specific wave length of for example about 520-650 nm, preferably 585 nm, with a pulse width of for example, between 0.2 and 100 ms, and a laser energy of for example, about 0.5 to 8.0 joules and repetition rates of <u>about 1-10 Hz. A 100-1000 um, preferably 600 um diameter optical fiber is</u> utilized since it is flexible enough to go down an endoscope and big enough to couple a multimode laser.

On page 9, please amend the first full paragraph thereon as follows:

Treatment energies of between about 0.5 and 1.0 Joules per pulse are typical because the area of exposure is small and the divergence is also small. A fluence of around ~~30 + or – 30~~ 0 – 60 J per square centimeter is considered to be ideal. Lasing ahead and to the side of a balloon an angle of about 45 degrees is one preferred method, because it permits visualization in a proper manner. The outside diameter of the tip of the optical fiber must be smaller than the working channel of the scope, which is between 1 and 5 mm. The divergence of the beam of laser light should be optimized to match the surgical environment, ease of use and desired spot size. The choice of fluid in the balloon will permit control of divergence due to refractive index differences between the fiber and the fluid. For example, water may be utilized to decrease the divergence of the beam due to index matching.

On page 24, please amend the bottom paragraph thereon, as follows:

Treatment energies of between about 0.5 and 1.0 Joules per pulse (8.0 Joules is available from the laser) because the area of exposure is small and the divergence is also small. A fluence of around ~~30 + or – twenty~~ 0 – 60 J per square centimeter is considered to be ideal. Lasing ahead and to the side of a balloon an angle of about 45 degrees is one preferred method, because it permits visualization in a more proper manner. The outside diameter of the tip of the optical fiber cannot be larger than the working channel of the scope, which is about 2.2 mm. In one preferred embodiment, the divergence of the beam of laser light should be optimized to speed up the procedure of exposing the lesion and exploit the selective nature of the pulsed dye laser.